

Mental Health Redesign and Implementation Task Force

Highland Commons, 6700 W. Beloit Road

Wednesday, March 6, 2013

Representatives: Serge Blasberg (Quality AT); Beth Ann Burazin (Person-Centered Care AT); Pete Carlson* (Aurora Behavioral Health); Héctor Colón (Milw. Co. DHHS); Peg DuBord (Continuum of Care AT & TLS Behavioral Health); Kristina Finnel (Community Linkages AT); Pam Fleider (MC3); Rachel Forman (Grand Avenue Club); Mark Fossie (Families Moving Forward); Susan Gadacz (Milw. Co. BHD/Community Services); Scott Gelzer (Workforce AT & Faye McBeath Foundation); Raisa Koltun (Milw. Co. Executive); Cheryl Lofton (State of Wisconsin); Paula Lucey* (Milw. Co. BHD); Geri Lyday (Milw. Co. DSD); Jim Mathy (Community Linkages AT); Mary Neubauer (Continuum of Care AT); Tom Nowak (Midwest Community Services); Peggy Romo West (Milw. Co. Board of Supervisors)

Staff/Guests: Lucille Bennett; Jewell Carter; Jennifer Collins; David Eisner; Lois Gildersleeve; Shawn Green; Monica Hogans; Cindy Krahenbuhl; Jim Kubicek; Cathy Kunze; Rochelle Landingham; Camila Leffel; Mary Jo Meyers; Cheryl Neils; Zach Quade; Laura Riggle; Supervisor Russell Stamper; Chad Stiles; Chyra Trost; LaShawndra Vernon; Ellen Warren; Jennifer Wittwer; Jeff Weber

Consultants: Ken Minkoff, MD; Jan Wilberg, Ph.D.

Welcome & Discussion of BHD Long-Term Care Units

Mr. Colón began with a discussion on the closure of long-term care units at the Mental Health Complex. County Executive Abele announced the plan to close Rehabilitation Center - Central and the Center for Independence and Development (formerly Hilltop) in the State of the County address on February 11. Mr. Colón emphasized that the closure is a matter of principle and legal obligation rather than a response to a particular incident or to any issues with quality of care at the facilities. The unit closures are not included in the SMART Goals since the process is largely in the hands of the State after the County formally announces the closure. All relocations must be approved by the State, supported by local collaboration among BHD, Family Care, DSD, the Aging and Disability Resource Centers, and others. This plan has been a long work in progress. Ms. Lucey indicated that BHD and DSD staff would train with the Waisman Center to develop a consultation team to aid community transitions. Ms. Lofton is a member of the State Relocation Team and encouraged stakeholders to bring any questions or concerns to that team through Ms. Lyday or Mr. Colón through this process. Mr. Gelzer raised a question about if and how money would follow individuals from the closing units into new community placements. Mr. Colón and Ms. Lyday indicated that this is a matter of utmost importance and that most transitioning individuals are eligible for Family Care. Ms. Lyday welcomed input from and collaboration with Action Teams and community partners to improve person-centered care in community-based services for individuals being discharged or diverted from the long-term care units.

SMART Goals Update & Discussion

Dr. Wilberg presented the SMART Goals document, which was finalized from the version presented at the Redesign Task Force meeting on February 6 and will be considered by the County

* Redesign Task Force Co-Chair

Board at the March 13 meeting of the Committee on Health and Human Needs. The goals outline changes that are achievable within 12-18 months, many of which are focused on BHD but which will require significant partnership with community stakeholders, including Redesign Task Force representatives. The goals are grouped within the five Improvement Areas and include ambitious Performance Targets and specific Tactical Objectives. The Tactical Objectives present an “assignment sheet” to Action Teams and their designated BHD Staff Partners. The nomenclature in the Responsibility column was changed at the meeting from Lead BHD Staff to BHD Staff Partner, clarifying that the County staff were intended to play supporting roles for the Action Teams rather than lead those efforts. Ms. Lucey described the SMART Goals as a living document to guide and measure progress. Some of the discussion points are as follows:

- General comments about possible changes to the SMART Goals led to a discussion of the need for a formal, organized process to periodically (e.g., 3-4 months) update the SMART Goals. Ms. Romo West recommended a revision date on the SMART Goals and supported the recommendation that amendments should be submitted in writing. The development of this process will be referred to the Executive Committee for consideration.
- Mr. Fossie proposed that a distinct goal be developed on cultural competency and that there should be a sharper focus on co-occurring conditions in addition to mental health. Ms. Lucey and Ms. Gadacz will attend the Families Moving Forward meeting in March for further discussion of cultural competency within redesign efforts and goals.
- Ms. Burazin complimented the partnership with Ms. Wittwer from BHD in beginning to work with the Person-Centered Care Action Team and MC3 on some of the specific Tactical Objectives in Goal 1.
- There was a discussion about developing “workgroups” within Action Teams to focus on particular Tactical Objectives. The Quality Action Team is already utilizing workgroups for system mapping, a data dashboard, and personal stories. There was discussion of a potential workgroup to support the Workforce Action Team on Goal 4 (Certified Peer Specialists).
- Mr. Gelzer questioned the separation of Goals 11 and 12, noting intersections and overlaps among their Tactical Objectives.
- There will be a planning meeting in March for the Resource Strategy Team.
- The Grand Avenue Club was errantly omitted as a partner on Goal 12 and will be appropriately included in a revision.
- Ms. Neubauer indicated that the Continuum of Care Action Team is getting organized to focus on their assigned tasks, as they have the largest number of SMART Goals assigned.

Organizing Implementation

Ms. Gadacz discussed the importance of coordinating the work of the Action Teams to achieve the Tactical Objectives. She provided a draft reporting format for the Action Teams to track their progress, and BHD Staff Partners will take responsibility for completing the reports in collaboration with the Action Team co-chairs. The content of such reports and other content from Action Team discussions will be compiled by BHD staff for discussion among the Redesign Task Force members and Action Teams. Mr. Blasberg of the Quality Action Team noted the importance of an open and systematized flow of information – with opportunities for “cross pollination” – so that his team would have the data needed to develop the dashboard to track progress, per Goal 6. Mr. Blasberg

expressed a desire to also have a physical workspace and an online repository where information would be fully and promptly available to Redesign Task Force and Action Team members. Mr. Carlson suggested that more formal processes in general could aid the Redesign Task Force and Action Teams in the implementation process, acknowledging that the process has come a long way with a relatively informal framework.

Meeting Format & Frequency

The issue of the format and frequency of Redesign Task Force meetings was raised in the context of the newly expanded and clarified workload of the Action Teams and BHD Staff Partners in the implementation of the SMART Goals. It was suggested that some of the Action Teams might benefit from a longer period of time in between Task Force meetings (e.g. two or three months instead of just one) to make progress on their Tactical Objectives. There was insufficient time for a full discussion, and the matter was tabled until the April 3 meeting. Ms. Burazin proposed a full-day meeting for strategy and coordination, and the proposal was also tabled.

Meeting Close

The Redesign Task Force will meet on Wednesday, April 3, 3:00 to 5:00, in Room 1045 at the Milwaukee County Mental Health Complex.